

PREVIOUS INTERNSHIP(S) / WORK EXPERIENCE

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary.

MOST RECENT EMPLOYER		PHONE ()
<input type="radio"/> Yes <input type="radio"/> No Are you currently working for this employer? <input type="radio"/> Yes <input type="radio"/> No If yes, may we contact?		FAX ()
COMPANY NAME _____	CITY _____	STATE _____
FROM _____ TO _____	DATE EMPLOYED _____	JOB TITLE _____
DUTIES _____		SUPERVISOR NAME _____
SALARY _____ PER _____	REASONS FOR LEAVING _____	

SECOND MOST RECENT EMPLOYER		PHONE ()
		FAX ()
COMPANY NAME _____	CITY _____	STATE _____
FROM _____ TO _____	DATE EMPLOYED _____	JOB TITLE _____
DUTIES _____		SUPERVISOR NAME _____
SALARY _____ PER _____	REASONS FOR LEAVING _____	

THIRD MOST RECENT EMPLOYER		PHONE ()
		FAX ()
COMPANY NAME _____	CITY _____	STATE _____
FROM _____ TO _____	DATE EMPLOYED _____	JOB TITLE _____
DUTIES _____		SUPERVISOR NAME _____
SALARY _____ PER _____	REASONS FOR LEAVING _____	

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____

EDUCATION

NOTE: Do not fill out any part of this section you believe to be non job-related. Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name: _____

UNIVERSITY NAME & ADDRESS	ACADEMIC MAJOR/MINOR	EXPECTED YEAR OF GRADUATION
_____	_____	_____

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my internship. I authorize Yellowstone Boys and Girls Ranch and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release them from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during internship. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during internship.

SIGNATURE _____	DATE _____
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AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Title of job applied for: _____

CHECK ONE BOX for Categories Below.

ETHNICITY:

- African-American -- (origins in Ethiopia or South Africa)
- American Indian/Alaska Native -- (origins of original North American people who maintain cultural identification through tribal affiliation or community recognition)
- Asian/ Pacific Islander – (origins in China, India, Japan, Eastern countries or the Pacific Islands)
- Caucasian -- (origins in Europe, North Africa, or Middle East)
- Latin-American – (origins in Mexico, Puerto Rico, Cuba, Central/South America or other Spanish origin)

PHYSICAL CONDITION:

- No Handicap
- Health Handicapped – (Diabetic, Heart Attack, Seizures, etc.)
- Mentally Handicapped – (Learning Disabled)
- Physically Handicapped – (Facility Modification)
- Physically Handicapped – (No Facility Modification)

SEX:

- Female
- Male

VETERANS/U.S. MILITARY STATUS:

- Non-Veteran
- Pre-Vietnam Veteran
- Pre-Vietnam Veteran with service incurred disability
- Vietnam Era Veteran (8/5/64 – 5/7/75)
- Vietnam Era Veteran with service incurred disability
- Post Vietnam Veteran
- Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD RESERVIST

- Yes
- No

Personal & Confidential

This page contains sensitive information. Keep only in secure files, separately from personnel records!

RECRUITMENT DATA

How did you hear about employment opportunities at Yellowstone Boys and Girls Ranch?

Please check the areas that are applicable:

- Advertisement (Newspaper)
Which paper? _____
- Career Fair
Which fair? _____
- Class Presentation
Which school? _____
- College/University Career Placement Office
Where? _____
- Employee Services (Job Service)
- Internet Site
Which site? _____
- Internship Experience (YBGR)
- Journal
Which one? _____
- Other Agency
Which one? _____
- Other
Please explain _____
- Personal Referral – Family or Friend
Who? _____
- Press (Articles about YBGR)
- Professor / Instructor
Who? _____
- Radio Advertisement
- Yellow Pages

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Yellowstone Boys and Girls Ranch ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, credit history, professional licenses and credentials. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by VICTIG, 14587 South, 790 West, Suite C 201, Bluffdale, UT 84065 Phone: 8668865644, Fax: 8667218263, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by VICTIG, 14587 South, 790 West, Suite C 201, Bluffdale, UT 84065 Phone: 8668865644, Fax: 8667218263, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.

- I am authorizing VICTIG, Inc to conduct the background check(s) described above
- I am consenting to use electronic means to sign this form and have read and understand the above disclosure
- I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check electronically by calling VICTIG at Phone: 8668865644, Fax: 8667218263.

SIGNATURE _____ DATE _____

Printed Name: _____

SSN: _____

Date of Birth: _____



**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES**

STATE OF MONTANA

**- RELEASE OF INFORMATION -
For Registered and Licensed Child Care Providers
Criminal / Protective Service / Motor Vehicle
Background Checks**

PERSONAL INFORMATION

Section A – Current Information

Phone # _____

Legal Name: _____
(First) (Middle) (Maiden) (Last)

Aliases/Other Names Used: _____

Residential Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Sex: Male Female Date of Birth: _____ Social Security # _____

Section B – Past Residences

Within the last five (5) years, have you...

1. ...lived in another state? Yes No

2. ...lived on or do you now live in an area designated as an Indian reservation? Yes No

If you answered yes to the any of the above questions:
 ➤ Please state where you have lived in the table below.
 ➤ You will need to obtain an out of state background check or a tribal background check at your cost.

City	County	Reservation	State	Dates of Residency (From – To)

Section C – Prior Caregiver Approvals

Have you been...
 ...registered / licensed to care for children before? Yes No
 ...approved, in any capacity, to provide care in a child care facility? Yes No

IF YES: Please give the Director / Facility Name and the Dates at the facility.

(Director / Facility Name) (Dates)

(Director / Facility Name) (Dates)

PLEASE COMPLETE BOTH SIDES OF THIS FORM

FACILITY INFORMATION

Section D – Employment Status

The facility that I am working / living at is:

Provider #: _____

Director Name / Facility Name: _____

Facility Mailing Address : _____

My ROLE with this facility is (please check all that apply):

Center Use Only:

- | | |
|--|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Substitute Provider |
| <input type="checkbox"/> Primary Caregiver | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Aide | <input type="checkbox"/> Non-Provider Staff |

Family and Group Only:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Director | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Primary Caregiver | <input type="checkbox"/> Adult Child |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Other Adult |
| <input type="checkbox"/> Non-Provider Staff | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Substitute Provider | |

My START DATE at this facility is: _____

Section E – Authorization Statement and Signature

I, _____ (applicant name), am aware that _____ (provider or its authorized representative), has requested confidential information from the Montana Department of Public Health and Human Services, in accordance with 41-3-205(3)(o), MCA as part of a review of my personal background in connection with my status as a current or prospective employee of or volunteer for that entity.

I am aware that CFSD, DMV, and DOJ records may contain information that could adversely affect my employment or volunteer status and/or approval as outlined in ARM 37.95.161 and ARM 37.95.176. These records will relate to any substantiated report(s) of child abuse or neglect in Montana, criminal history records, and motor vehicle records. As a household member, I understand that I am also subject to the above requirements.

I am also aware that although the entities or individuals requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidential nature, DPHHS has no ability or authority to ensure that confidentiality is maintained after this information is released by DPHHS.

In full acknowledgement of the above information and notice, I authorize CFSD to provide the requested confidential information to _____ (provider or its authorized representative), and **I hereby also release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.**

NOTE: Any deletions or oversights may result in the denial of your application.

Signed: _____ Date: _____

(To be signed in front of a notary)

TO BE COMPLETED BY A NOTARY PUBLIC:

Taken, sworn, and subscribed before me this _____ day of _____ A.D. _____

Notary Public for the State of Montana

Residing at: _____

My commission expires: _____